C	eremonial Role Even	ts and Ticket/P	'ass Distri	butions	Α	Public Document
1.	Agency Name		Date Stamp	California 802		
	Los Angeles County				_	
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Fourth District, Board of Su					
	Designated Agency Contact	•				
	Nancy Herrera, Ticket Adm Area Code/Phone Number		Amendment (Must Pr	ovide Explanation in Part 3.)		
	(213) 974-4444	E-mail nherrera@bos.lacc	unty gov		Date of Original Filing: _	
						(month. day, year)
2.	Function or Event Infor	mation				81.50
	Does the agency have a tick		■ No 🗆 F	ace Value of	Each Ticket/Pass \$	
	Event Description: Jack John	nnson Concert		ate(s)	<u>, 01 , 22 </u>	
		Provide Title/ Expla	ood Bowl			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 If	110.	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No 🔳 If	yes:	Official's Name (Last, First)	
	of agency official?				Onicial 3 Name (Last, 1 hat)	
3.	• Use Section A to identify the ager  A. Name of Agency, Depart	Use Section B to R Number of Ticket(s)/ Passes		ual. Use Section C to identify		
	Board of Supervisors		2	Ticket Police	sy Sec 5.3(k)	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role Other description of the control of the	Income [
				1	nonial Role Other or "Other" desc	Income [
	C. Name of Outside O	0	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
<u> </u>	Verification					
		PC Regulations 18944	.1 and 18942. I	l have verified t	that the distribution set fo	rth above, is in accordanc
7	I have read and understand FF with the requirements.	PC Regulations 18944  Nancy Herrel			that the distribution set for et Administrator	rth above, is in accordanc 11/9/2022

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Comment: \_

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Fourth District, Board of Supervisors Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number (213) 974-4444 nherrera@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 179.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 🗆 Event Description: Stevie Nicks Concert Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Yes No III If yes: . Official's Name (Last. First) of agency official? Recipients Use Section A to identify the agency's department or unit, Use Section B to identify an individual. Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes**

Board of Supervisors		Ticket Policy Sec 5.3(k)				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below				
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
erification	•					

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

**Ticket Administrator** 

Title

11/9/2022

(month. day. year)

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with the requirements.

Signature of

Comment:

Print Name

Nancy Herrera

# Agency Report of:

Ceremonial Re	ole Even	ts and Ticket/F	Pass Distr	ibutions		A Public Document		
1. Agency Name	Agency Name  Los Angeles County  Division, Department, or Region (if applicable)  Fourth District, Board of Supervisors					California 802		
Los Angeles Co								
Division, Departn						For Official Use Only		
Fourth District, E								
Designated Agen	Designated Agency Contact (Name, Title)							
Nancy Herrera,	Nancy Herrera, Ticket Administrator					ust Provide Explanation in Part 3.)		
Area Code/Phone		E-mail			Amendment ()//a	St Flovide Explanation in Falt 3.)		
(213) 974-4444		nherrera@bos.laco	ounty.gov		Date of Original Filir	ng:(month, day, year)		
2. Function or E	vent Infor	mation				400.50		
Does the agency	y have a ticl	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	129.50		
Event Description	Event Description: Nas & Wu Tang Clan Concert  Provide Title/ Explanation  Date(s) 10							
Ticket(s)/Pass(e	s) provided	•	□ No ■ 1	f no: Hollywo	od Bowl			
	o, p. o	w, egene, 100			Name of Source			
Was ticket distrib of agency offici		at the behest Yes	□ No ■ <sup>1</sup>	f yes:	Official's Name (Last. Fi	rst)		
3. Recipients  • Use Section A to ic	Recipients  • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.							
A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy			
Board of Supe	Board of Supervisors			Ticket Polic	licy Sec 5.3(k)			
В.	Name of Indi (Last, Fire		Number of Ticket(s)/ Passes	1	Identify one of the nonial Role Other	r Income		
				1	nonial Role Other			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy		
4. Verification								
		PC Regulations 18944	4.1 and 18942.	I have verified t	hat the distribution se	et forth above, is in accordance		
Mania	HIM	Nancy Herre	ra	Ticke	et Administrator	11/9/2022		
Signature of Agency	Head or Design		Print Name		Title	(month, day, year)		
Comment:						+		

# Agency Report of:

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	<b>Public Document</b>		
1.	Agency Name				Date Stamp	California 802		
	Los Angeles County					101111		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only		
	Fourth District, Board of Sup	pervisors						
	Designated Agency Contact (	Name, Title)			1			
	Nancy Herrera, Ticket Admi	nistrator	Amendment (Must P	rovide Explanation in Part 3 )				
	Area Code/Phone Number	E-mail			Anenanene (maser)	Ovide Explanation arr arr by		
	(213) 974-4444	nherrera@bos.lacounty.gov			Date of Original Filing: .	(month. day, year)		
2.	Function or Event Infor	mation		•		00.50		
	Does the agency have a tick		Each Ticket/Pass \$	99.50				
	Event Description: Yeah Ye	ah Yeahs Performa	, 06 , 22					
	Ticket(s)/Pass(es) provided	· ·	no: Hollywo	ood Bowl				
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of S								
	Was ticket distribution made of agency official?	at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)			
3.	Recipients							
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.							
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy			
	Board of Supervisors	2	Ticket Polic	icy Sec 5.3(k)				
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fo	ollowing:		
	(Last, Firs	st)	Passes					
					nonial Role Other Other des	Income		
				1	nonial Role Other or "Other" des			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pure	suant to the agency's policy		
4.	Verification	· · · · · · · · · · · · · · · · · · ·						
	I have read and understand FP with the requirements.	PC Regulations 18944	.1 and 18942.	have verified t	that the distribution set fo	rth above, is in accordance		
_	namen Herrer	Nancy Herre	ra	Ticke	et Administrator	11/9/2022		
	Signature of Agency Head or Design	ee P	rint Name		Title	(month. day. year)		
	Comment:					+		

	pervisors				California 802	
sion, Department, or Reg irth District, Board of Su ignated Agency Contact	pervisors			l .	101111	
ignated Agency Contact	•	Division, Department, or Region (if applicable)				
		Fourth District, Board of Supervisors				
ncv Herrera. Ticket Adm	(Name, Title)			1		
	inistrator			Amendment (Must Pa	ovide Explanation in Part 3.)	
Code/Phone Number	E-mail			Amendment (wastern	ovide Explanation III Fait 3.)	
3) 974-4444	nherrera@bos.laco	unty.gov		Date of Original Filing: _	(month. day, year)	
nction or Event Infor	mation				199.00	
es the agency have a tic	ket policy? Yes <b>I</b>	■ No□ F	ace Value of	Each Ticket/Pass \$	199.00	
nt Description: New Ord	der & Pet Shop Boys	D	ate(s)	07 / 22		
	Provide Title/Explai	nation				
tet(s)/Pass(es) provided	by agency? Yes [	□ No ■ If	no:			
s ticket distribution made	at the hehest Value	ן אן ⊫ If	ves:			
	at the benest Yes [	_ No ■	, 00.	Official's Name (Last, First)		
					<u> </u>	
ecipients se Section A to identify the ager	ncv's department or unit. •	Use Section B to ic	lentify an individi	ual. Use Section C to identify	an outside organization.	
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes		he public purpose made pursuant to the agency's polic		
Board of Supervisors		2	Ticket Polic	olicy Sec 5.3(k)		
Novo of last		Number				
		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
					Income	
			I		Income	
	rganization I description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	s the agency have a tic nt Description: New Ord et(s)/Pass(es) provided sticket distribution made agency official? ecipients se Section A to identify the agen Name of Agency, Depart oard of Supervisors  Name of Indi (Last, Fir	nction or Event Information s the agency have a ticket policy?  New Order & Pet Shop Boys  Provide Title/ Explain et(s)/Pass(es) provided by agency? Yes [ sticket distribution made at the behest Yes [ agency official? ecipients the Section A to identify the agency's department or unit.  Name of Agency, Department or Unit	Action or Event Information  Is the agency have a ticket policy? Yes No Fent Description:  New Order & Pet Shop Boys  Provide Title/ Explanation  Let(s)/Pass(es) provided by agency? Yes No Fent If It is ticket distribution made at the behest Yes No Fent If It is agency official?  Recipients  The Section A to identify the agency's department or unit. Use Section B to it It is agency of Ticket(s)/ Passes  Name of Agency, Department or Unit Passes  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Inction or Event Information  Is the agency have a ticket policy? Yes No Face Value of the agency have a ticket policy? Yes No Date(s) 10  In Description: New Order & Pet Shop Boys  Provide Title/ Explanation  Provide Title/ Explanation  If no: Hollywood ticket distribution made at the behest Yes No If no: Hollywood ticket distribution made at the behest Yes No If yes: Pecipients  Recipients  Recipients  Research A to identify the agency's department or unit. Use Section B to identify an individual of Ticket(s)/ Passes  Passes  Name of Agency, Department or Unit Number of Ticket(s)/ Passes  Name of Individual (Last, First)  Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Ceren If check	As the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	

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Comment: \_

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

1.	Agency Name		·		Date Stamp	California OOO		
	Los Angeles County		Form OUZ					
	Division, Department, or Region (if a)	oplicable)				For Official Use Only		
	Fourth District, Board of Superviso	rs						
	Designated Agency Contact (Name, To							
	Nancy Herrera, Ticket Administrate	or						
	Area Code/Phone Number   E-mail				Amendment (Must I	Provide Explanation in Part 3.)		
	(213) 974-4444 nherr	era@bos.laco	ounty.gov		Date of Original Filing:	(month. day, year)		
2.	Function or Event Information	1						
	Does the agency have a ticket poli	cy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$ _	159.50		
	Event Description: Rufus Du Sol F		Date(s)	, 09 , 22				
	Ticket(s)/Pass(es) provided by age	od Bowl Name of Source						
	Was ticket distribution made at the of agency official?	behest Yes	□ No 🔳 If	yes:	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agency's depart	rtment or unit. •	Use Section B to i	dentify an individu	ial. Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Department or Unit  Board of Supervisors		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy			
			2	Ticket Polic	olicy Sec 5.3(k)			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the			
					onial Role Other ing "Ceremonial Role" or "Other" de	Income Income		
				I	onial Role Other ing "Ceremonial Role" or "Other" de			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
4.	Verification							
_	I have read and understand FPPC Reg with the requirements./	ulations 18944	l.1 and 18942. i	l have verified t	hat the distribution set f	orth above, is in accordance		
,	Manyo Herrisa	Nancy Herre	ra	Ticke	t Administrator	11/9/2022		
1	Signature of Agency Head or Designee	Р	rint Name		Title	(month. day, year)		
	V					_		
	Comment:					<u>+</u>		

# Agency Report of:

C	eremonial Role Even	ts and Ticket/F	Α	<b>Public Document</b>				
1.	Agency Name				Date Stamp	California 802		
	Los Angeles County					101111		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Fourth District, Board of Su							
	Designated Agency Contact	(Name, Title)						
	Nancy Herrera, Ticket Admi				Amendment (Must Pi	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Data of Original Fillings			
	(213) 974-4444	nherrera@bos.lacc	ounty.gov		Date of Original Filing: .	(month. day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a ticl	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	69.50		
	Event Description: Marren I	Morris Performance		ate(s) 10	, 13 , 22	1 1		
	Provide Title/ Explanation							
Ticket(s)/Pass(es) provided by agency? Yes No If no: Hollywood Bowl								
	AL CALLED AND ALL AND							
	of agency official?	at the beliest fes	□ 140 <b>□</b>	,	Official's Name (Last. First)			
_								
3.	•	Recipients  Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization.						
	Use Section A to identify the agental section A to identify the agent	icy's department or unit. •	ial. Use Section C to identify	y an outside organization.				
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy				
	5 1 (0 :	2	Tistes Della	0 5 2(1-)				
	Board of Supervisors		<u> </u>	Ticket Polic	y Sec 5.3(k)			
		Number						
	B. Name of Indi	of Ticket(s)/ Passes		Identify one of the fo	ollowing:			
				Cerem	onial Role Other	Income 🔲		
				1	ring "Ceremonial Role" or "Other" des	cribe below		
			1	Ceren	onial Role  Other	Income		
				If check	ring "Ceremonial Role" or "Olher" des	cribe below		
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the	e public purpose made purs	suant to the agency's policy		
	(include address and	description)	Passes					
4.	Verification							
	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942. I	l have verified t	hat the distribution set fo	rth above, is in accordance		
	now Hear	Nancy Herre	ra	Ticke	t Administrator	11/9/2022		
	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)		
	Comment:					Ŧ		
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Fourth District, Board of Supervisors Designated Agency Contact (Name, Title) Nancy Herrera, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number (213) 974-4444 nherrera@bos.lacounty.gov Date of Original Filing: (month. day, year) 2. Function or Event Information 80.50 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Florence and the Machine Date(s) 10 / 14 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Yes No III If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** 2 Ticket Policy Sec 5.3(k) **Board of Supervisors** Number Name of Individual B. identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes

Verification			
I have read and understand FPPC Regulation with the requirements.	ns 18944.1 and 18942. I	have verified that the distribution set for	th above, is in accordance
non Hull Nanc	y Herrera	Ticket Administrator	11/9/2022
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			+
Print	Clear	FPPC Toll-Free Helpline: 86	FPPC Form 802 (2/2016) 6/ASK-FPPC (866/275-3772)

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Los Angeles County					Form OUZ
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Fourth District, Board of Su	pervisors				
	<b>Designated Agency Contact</b>	(Name, Title)				
	Nancy Herrera, Ticket Adm	inistrator	Amondment (Mint B	rovide Explanation in Part 3.)		
	Area Code/Phone Number			Amendment (Must P	rovide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bos.lacc	ounty.gov		Date of Original Filing:	(month. day, year)
2.	Function or Event Infor	mation			Sec. 2 5 4 mm ( )	120.50
	Does the agency have a tic	ket policy? Yes	■ No 🗆 🗜	ace Value of	Each Ticket/Pass \$	129.50
	Event Description: We Can	Survive Performanc	, 22 , 22	/		
	Ticket(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes	ood Bowl			
	Name of Source					
	Was ticket distribution made of agency official?	e at the behest Yes [	□ No 🔳 <sup>{1</sup>	yes:	Official's Name (Last. First)	
3.	Recipients  • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Department	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
	Board of Supervisors		2	Ticket Policy Sec 5.3(k)		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					nonial Role Other of the of the other designs of the other designs of the other of the other of the other of the other o	Income C
				1	ionial Role Other on the College of	Income C
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	Verification  I have read and understand FF with the requirements	PPC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance
	Myna Hour	Nancy Herrer	a	Ticke	t Administrator	11/9/2022
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

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Comment: \_\_\_

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document		
_	Agency Name		- Allen - Alle		Date Stamp	THE RESERVE THE PERSON NAMED IN		
	Los Angeles County					Form 802		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only				
	Fourth District, Board of Supervisors							
	Designated Agency Contact							
	Nancy Herrera, Ticket Adm	inistrator						
	Area Code/Phone Number	[E-mail			.   Amendment (Must P	rovide Explanation in Part 3.)		
	(213) 974-4444	nherrera@bos.lacc	ounty.gov		Date of Original Filing:	(month. day, year)		
2.	Function or Event Infor	mation				00.50		
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	99.50		
	Event Description: Danny E	Elfman Performance  Provide Title/ Expla.	ate(s)					
	Ticket(s)/Pass(es) provided	□ No ■ If	no: Hollywo	ood Bowl				
					Name of Source			
	Was ticket distribution made of agency official?	at the behest Yes [	□ No ■ <sup>If</sup>	yes:	Official's Name (Last. First)			
3.	Recipients  • Use Section A to identify the agen	ıcy's department or unit. •	<del>,</del>	dentify an individu	ual. Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's				
	Board of Supervisors		2	Ticket Polic	icy Sec 5.3(k)			
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:		
					nonial Role Other Other king "Ceremonial Role" or "Other" de	Income		
					nonial Role Other Cking "Ceremonial Role" or "Other" de	Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
	9							
4.	Verification I have read and understand FP with the requirements. A	PC Regulations 18944	.1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance		
	Mu Herr	Nancy Herrer	ra e	Ticke	et Administrator	11/9/2022		
	Signature of Agency Head or Design	ee Pi	rint Name		Title	(month, day, year)		

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Comment: \_